

EXHIBIT B



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

June 2, 2008

Vietta M and William T Banning
21067 Wilson Road
Georgetown, DE 19947

Re: Sussex County Delaware Tax Parcel(s) 13501000001001

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

The CPCN, when granted, will allow Artesian to be the public water service provider for your area. You are not obligated to connect to the public water system when it becomes available.

Under the law, the Public Service Commission is obligated to grant a CPCN to a utility to provide water services if a majority of the landowners in a proposed service area have requested the utility's water services. This means that even if you have not signed a request for the utility's water services, your property may be included in the utility's service area if more than half of the landowners have made such requests. If you want your property included in the service territory, even though you did not sign a request for the utility's water services, then you need not take any further action. However, if you do not want your property included in the utility's proposed service territory or if you oppose the utility providing services in the area, then you must do something under one or more of the attached options within 60 days.

Artesian provides excellent customer service and water quality. A recent survey of our current customers showed that 96% of our customers, if given the choice, would choose Artesian again.

If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

LANDOWNER NOTIFICATION

In accordance with Delaware law and regulations of the Delaware Public Service Commission, the applicant, Artesian Water Company, Inc., must show evidence that all landowners of the proposed territory have been notified by certified mail or its' equivalent of the filing of the Application.

- "(1) Pursuant to Title 26, §203C(e) of the Delaware Code, an Application for a Certificate of Public Convenience and Necessity (CPCN) will be submitted to the Delaware Public Service Commission on or about July 3. Your property has been included within an area Artesian Water Company, Inc. intends to serve with public water and we are required to inform you of certain information. The area to be served is Indian River . ***If you agree to the inclusion of your property in the proposed service area, no action on your part is required.
- (2) Pursuant to current law, you may file an objection to receiving water service from Artesian Water Company, Inc. Under Delaware law, the Public Service Commission cannot grant a CPCN to Artesian Water Company, Inc. for the proposed service area, including your property, if a majority of the landowners in the proposed service area object to the issuance of the CPCN. If you object to receiving water service from Artesian Water Company, Inc., you must notify the Commission, in writing, within sixty days of your receipt of this notice or within thirty days of the filing of the completed Application for a CPCN, whichever is greater.
- (3) Pursuant to current law, you may also elect to opt-out of inclusion in the proposed service area. The term "opt-out" means that you decide that you do not want to receive water service from Artesian Water Company, Inc., even if a majority of the landowners in the proposed service area do elect to receive water service from Artesian Water Company, Inc. If you decide that you do not want to receive water service from Artesian Water Company, Inc. and instead wish to opt-out, you must notify the Commission, in writing, within sixty days of your receipt of this notice or within thirty days of the filing of the completed Application for a CPCN, whichever is greater.
- (4) You may also request a public hearing on this matter. A request for a public hearing must be made in writing to the Commission within sixty days of your receipt of this notice or within thirty days of the filing of the completed Application for a CPCN, whichever is greater.
- (5) The written notice of your decision to object to the issuance of the CPCN, to opt-out of receiving water service from Artesian Water Company, Inc., and/or your written request for a public hearing, shall be sent to the Secretary of the Delaware Public Service Commission at the address listed below.
- (6) Any written notice you send to the Commission must include the description of the service area referred to in paragraph (1) above and the name of the applicant so the Commission will be able to identify the CPCN Application to which your notice is related.
- (7) Questions regarding objections, opt-outs, and hearings may be directed to:

Secretary
Delaware Public Service Commission
861 Silver Lake Blvd.
Cannon Building, Suite 100
Dover, DE 19904



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June 2, 2008

Steven J and Patricia M Huff
18906 Sand Hill Road
Georgetown, DE 19947

Re: Sussex County Delaware Tax Parcel(s) 13501000003801

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

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June 2, 2008

Steven J and Patricia M Huff
18906 Sand Hill Road
Georgetown, DE 19947

Re: Sussex County Delaware Tax Parcel(s) 13501000003802

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

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June 2, 2008

Steven J and Patricia M Huff
18906 Sand Hill Road
Georgetown, DE 19947

Re: Sussex County Delaware Tax Parcel(s) 13501000003804

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

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June 2, 2008

Donald Biller
19238 Shingle Point Road
Georgetown, DE 19947

Re: Sussex County Delaware Tax Parcel(s) 13501100001100

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

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June 2, 2008

Besche Furniture, Inc
24451 Lewes Georgetown HW
Georgetown, DE 19947

Re: Sussex County Delaware Tax Parcel(s) 13501100003500

To Whom It May Concern:

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June 2, 2008

Kim J Ksebe
19028 Gravel Hill Road
Georgetown, DE 19947

Re: Sussex County Delaware Tax Parcel(s) 13501100004100

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

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Secretary
Delaware Public Service Commission
861 Silver Lake Blvd.
Cannon Building, Suite 100
Dover, DE 19904



Artesian Water Company



Artesian Wastewater Management



Artesian Utility Development



Artesian Water Maryland

100 YEARS OF SUPERIOR SERVICE

June 2, 2008

Silver Oaks Trailer Park LLC
34822 Boathouse Lane
Lewes, DE 19958

Re: Sussex County Delaware Tax Parcel(s) 13501100006500

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

The CPCN, when granted, will allow Artesian to be the public water service provider for your area. You are not obligated to connect to the public water system when it becomes available.

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If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

LANDOWNER NOTIFICATION

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Dover, DE 19904



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

June 2, 2008

Richard M Quill
P O Box 324
Lewes, DE 19958

Re: Sussex County Delaware Tax Parcel(s) 13501100008300

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We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

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Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

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Dover, DE 19904



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

June 2, 2008

Mary Hazel Stoeckel
23725 McDonald Drive
Georgetown, DE 19947

Re: Sussex County Delaware Tax Parcel(s) 13501100008500

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

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Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

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Dover, DE 19904



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

June 2, 2008

Laurel M Hughes
P O Box 97
Georgetown, DE 19947

Re: Sussex County Delaware Tax Parcel(s) 13501100008800

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Sincerely,

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Alan L. Fleetwood
CPCN Coordinator

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Artesian Water Company



Artesian Wastewater Management



Artesian Utility Development



Artesian Water Maryland

100 YEARS OF SUPERIOR SERVICE

June 2, 2008

Mindy B and Shawn Eskridge
23751 Briarwood Lane
Georgetown, DE 19947

Re: Sussex County Delaware Tax Parcel(s) 13501100008900

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

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Alan L. Fleetwood

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100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

June 2, 2008

Alvannah R Davis
8836 Greentop Road
Lincoln, DE 19960

Re: Sussex County Delaware Tax Parcel(s) 23001300000600

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We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

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Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

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June 2, 2008

John L, Sr, Richard, Priscilla, Melinda and Caroline Green
11522 Shawnee Road
Greenwood, DE 19950

Re: Sussex County Delaware Tax Parcel(s) 23002600001500

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

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If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

LANDOWNER NOTIFICATION

In accordance with Delaware law and regulations of the Delaware Public Service Commission, the applicant, Artesian Water Company, Inc., must show evidence that all landowners of the proposed territory have been notified by certified mail or its' equivalent of the filing of the Application.

- “(1) Pursuant to Title 26, §203C(e) of the Delaware Code, an Application for a Certificate of Public Convenience and Necessity (CPCN) will be submitted to the Delaware Public Service Commission on or about July 3. Your property has been included within an area Artesian Water Company, Inc. intends to serve with public water and we are required to inform you of certain information. The area to be served is Indian River. ***If you agree to the inclusion of your property in the proposed service area, no action on your part is required.
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Secretary
Delaware Public Service Commission
861 Silver Lake Blvd.
Cannon Building, Suite 100
Dover, DE 19904



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

June 2, 2008

E Dale and Douglas R Wheatley
19115 Freeland Lane
Bridgeville, DE 19933

Re: Sussex County Delaware Tax Parcel(s) 23002600007500

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

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100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

June 2, 2008

Donald G D'Aquila
P O Box 442
Laurel, DE 19956

Re: Sussex County Delaware Tax Parcel(s) 23002600011300

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

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100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

June 2, 2008

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P O Box 442
Laurel, DE 19956

Re: Sussex County Delaware Tax Parcel(s) 23002600011400

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100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

June 2, 2008

RLW Morris Family LP
RR 2 Box 387A
Milton, DE 19968

Re: Sussex County Delaware Tax Parcel(s) 23400500004400

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

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CPCN Coordinator

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June 2, 2008

Etta Ritter
20508 Beaver Dam Road
Harbeson, DE 19951

Re: Sussex County Delaware Tax Parcel(s) 23401000010201

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

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June 2, 2008

Howard L and Jacquelyn Ritter
20478 Beaver Dam Road
Harbeson, DE 19951

Re: Sussex County Delaware Tax Parcel(s) 23401000010203

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

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Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

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- (5) The written notice of your decision to object to the issuance of the CPCN, to opt-out of receiving water service from Artesian Water Company, Inc., and/or your written request for a public hearing, shall be sent to the Secretary of the Delaware Public Service Commission at the address listed below.
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- (7) Questions regarding objections, opt-outs, and hearings may be directed to:

Secretary
Delaware Public Service Commission
861 Silver Lake Blvd.
Cannon Building, Suite 100
Dover, DE 19904



Artesian Water Company

Artesian Wastewater Management

Artesian Utility Development

Artesian Water Maryland

100 YEARS OF SUPERIOR SERVICE

June 2, 2008

Howard L Ritter
20478 Beaver Dam Road
Harbeson, DE 19951

Re: Sussex County Delaware Tax Parcel(s) 23401000010300

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

The CPCN, when granted, will allow Artesian to be the public water service provider for your area. You are not obligated to connect to the public water system when it becomes available.

Under the law, the Public Service Commission is obligated to grant a CPCN to a utility to provide water services if a majority of the landowners in a proposed service area have requested the utility's water services. This means that even if you have not signed a request for the utility's water services, your property may be included in the utility's service area if more than half of the landowners have made such requests. If you want your property included in the service territory, even though you did not sign a request for the utility's water services, then you need not take any further action. However, if you do not want your property included in the utility's proposed service territory or if you oppose the utility providing services in the area, then you must do something under one or more of the attached options within 60 days.

Artesian provides excellent customer service and water quality. A recent survey of our current customers showed that 96% of our customers, if given the choice, would choose Artesian again.

If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

LANDOWNER NOTIFICATION

In accordance with Delaware law and regulations of the Delaware Public Service Commission, the applicant, Artesian Water Company, Inc., must show evidence that all landowners of the proposed territory have been notified by certified mail or its' equivalent of the filing of the Application.

- "(1) Pursuant to Title 26, §203C(e) of the Delaware Code, an Application for a Certificate of Public Convenience and Necessity (CPCN) will be submitted to the Delaware Public Service Commission on or about July 3. Your property has been included within an area Artesian Water Company, Inc. intends to serve with public water and we are required to inform you of certain information. The area to be served is Indian River . ***If you agree to the inclusion of your property in the proposed service area, no action on your part is required.
- (2) Pursuant to current law, you may file an objection to receiving water service from Artesian Water Company, Inc. Under Delaware law, the Public Service Commission cannot grant a CPCN to Artesian Water Company, Inc. for the proposed service area, including your property, if a majority of the landowners in the proposed service area object to the issuance of the CPCN. If you object to receiving water service from Artesian Water Company, Inc., you must notify the Commission, in writing, within sixty days of your receipt of this notice or within thirty days of the filing of the completed Application for a CPCN, whichever is greater.
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100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

June 2, 2008

Etta Ritter
20508 Beaver Dam Road
Harbeson, DE 19951

Re: Sussex County Delaware Tax Parcel(s) 23401000010302

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

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If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

LANDOWNER NOTIFICATION

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100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

June 2, 2008

Etta Ritter
20508 Beaver Dam Road
Harbeson, DE 19951

Re: Sussex County Delaware Tax Parcel(s) 23401000010305

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

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Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

LANDOWNER NOTIFICATION

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Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

100 YEARS OF SUPERIOR SERVICE

June 2, 2008

Etta Ritter
20508 Beaver Dam Road
Harbeson, DE 19951

Re: Sussex County Delaware Tax Parcel(s) 23401000010311

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

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Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

LANDOWNER NOTIFICATION

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Dover, DE 19904



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

June 2, 2008

Donald and Mary McDougal
20180 Beaver Dam Road
Lewes, DE 19958

Re: Sussex County Delaware Tax Parcel(s) 23401000010600

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

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Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

LANDOWNER NOTIFICATION

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Dover, DE 19904



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

June 2, 2008

N3OLY LLC
P O Box 67
Lewes, DE 19958

Re: Sussex County Delaware Tax Parcel(s) 23401000010601

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

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Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

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100 YEARS OF SUPERIOR SERVICE

June 2, 2008

John P and Sandra Lea Rossiter
2812 Washington Ave
Wilmington, DE 19805

Re: Sussex County Delaware Tax Parcel(s) 23401000012900

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

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Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

LANDOWNER NOTIFICATION

In accordance with Delaware law and regulations of the Delaware Public Service Commission, the applicant, Artesian Water Company, Inc., must show evidence that all landowners of the proposed territory have been notified by certified mail or its' equivalent of the filing of the Application.

- "(1) Pursuant to Title 26, §203C(e) of the Delaware Code, an Application for a Certificate of Public Convenience and Necessity (CPCN) will be submitted to the Delaware Public Service Commission on or about July 3. Your property has been included within an area Artesian Water Company, Inc. intends to serve with public water and we are required to inform you of certain information. The area to be served is Indian River . ***If you agree to the inclusion of your property in the proposed service area, no action on your part is required.
- (2) Pursuant to current law, you may file an objection to receiving water service from Artesian Water Company, Inc. Under Delaware law, the Public Service Commission cannot grant a CPCN to Artesian Water Company, Inc. for the proposed service area, including your property, if a majority of the landowners in the proposed service area object to the issuance of the CPCN. If you object to receiving water service from Artesian Water Company, Inc., you must notify the Commission, in writing, within sixty days of your receipt of this notice or within thirty days of the filing of the completed Application for a CPCN, whichever is greater.
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- (5) The written notice of your decision to object to the issuance of the CPCN, to opt-out of receiving water service from Artesian Water Company, Inc., and/or your written request for a public hearing, shall be sent to the Secretary of the Delaware Public Service Commission at the address listed below.
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Secretary
Delaware Public Service Commission
861 Silver Lake Blvd.
Cannon Building, Suite 100
Dover, DE 19904



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

June 2, 2008

Lisa A Soens
852 Quince Orchard Blvd #101
Gaithersburg, MD 20878

Re: Sussex County Delaware Tax Parcel(s) 23401000013000

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

The CPCN, when granted, will allow Artesian to be the public water service provider for your area. You are not obligated to connect to the public water system when it becomes available.

Under the law, the Public Service Commission is obligated to grant a CPCN to a utility to provide water services if a majority of the landowners in a proposed service area have requested the utility's water services. This means that even if you have not signed a request for the utility's water services, your property may be included in the utility's service area if more than half of the landowners have made such requests. If you want your property included in the service territory, even though you did not sign a request for the utility's water services, then you need not take any further action. However, if you do not want your property included in the utility's proposed service territory or if you oppose the utility providing services in the area, then you must do something under one or more of the attached options within 60 days.

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If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

LANDOWNER NOTIFICATION

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June 2, 2008

Lisa A Soens
852 Quince Orchard Blvd #101
Gaithersburg, MD 20878

Re: Sussex County Delaware Tax Parcel(s) 23401000013013

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

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Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

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Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

June 2, 2008

Lisa A Soens
852 Quince Orchard Blvd #101
Gaithersburg, MD 20878

Re: Sussex County Delaware Tax Parcel(s) 23401000013014

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

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Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

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100 YEARS OF SUPERIOR SERVICE

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June 2, 2008

Lisa A Soens
852 Quince Orchard Blvd #101
Gaithersburg, MD 20878

Re: Sussex County Delaware Tax Parcel(s) 23401000013015

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CPCN Coordinator

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100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

June 2, 2008

Shawn A Bodio and Irene C Viola
18334 Seashell Blvd
Lewes, DE 19958

Re: Sussex County Delaware Tax Parcel(s) 23401100007900

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

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CPCN Coordinator

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Artesian Water Company



Artesian Wastewater Management



Artesian Utility Development



Artesian Water Maryland

100 YEARS OF SUPERIOR SERVICE

June 2, 2008

June W Hurst
354 Greens Edge Dr
Chesapeake, VA 23322

Re: Sussex County Delaware Tax Parcel(s) 23402100014501

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

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Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

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June 2, 2008

GRJS Outreach LLC
P O Box 212
Lewes, DE 19958

Re: Sussex County Delaware Tax Parcel(s) 23500800002603

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

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If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

LANDOWNER NOTIFICATION

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Secretary
Delaware Public Service Commission
861 Silver Lake Blvd.
Cannon Building, Suite 100
Dover, DE 19904



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

June 2, 2008

GRJS Outreach LLC
P O Box 212
Lewes, DE 19958

Re: Sussex County Delaware Tax Parcel(s) 23500800002605

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

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100 YEARS OF SUPERIOR SERVICE

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June 2, 2008

Sarah McGee
20362 Thicket Rd
Milton, DE 19968

Re: Sussex County Delaware Tax Parcel(s) 23501800000507

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

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100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

June 20, 2008

Lindsay Marie Huff
604 Wagamon Ave Ext
Georgetown, DE 19947

Dear Ms. Huff:

Thank you for your recent request to be served by Artesian Water Company, Inc. In order for your parcel to be included in our territory, we must file an application with the Delaware Public Service Commission. Part of this process includes sending you a certified letter informing you of this action.

The letter we sent to you was returned as **"not accepted"**. I have attached a copy of the certified letter sent previously.

If you have any questions please don't hesitate to contact me at 800 332-5114.

Sincerely,

Alan L. Fleetwood
CPCN Coordinator



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

June 2, 2008

Lindsay Marie Huff
604 Wagamon Ave Ext
Georgetown, DE 19947

Re: Sussex County Delaware Tax Parcel(s) 23502400003908

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

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Alan L. Fleetwood

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CPCN Coordinator

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100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

June 20, 2008

Lauren Meredith Huff
604 Wagamon Ave Ext
Georgetown, DE 19947

Dear Ms. Huff:

Thank you for your recent request to be served by Artesian Water Company, Inc. In order for your parcel to be included in our territory, we must file an application with the Delaware Public Service Commission. Part of this process includes sending you a certified letter informing you of this action.

The letter we sent to you was returned as **"not accepted"**. I have attached a copy of the certified letter sent previously.

If you have any questions please don't hesitate to contact me at 800 332-5114.

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CPCN Coordinator





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June 2, 2008

Lauren Meredith Huff
604 Wagamon Ave Ext
Georgetown, DE 19947

Re: Sussex County Delaware Tax Parcel(s) 23502400003909

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100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

June 2, 2008

Cool Spring Equities LLC
P O Box 212
Lewes, DE 19958

Re: Kent County Delaware Tax Parcel(s) 33401000006700

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Sussex County.

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OFFICIAL USE

7006 0810 0002 3743 0948

Postage	\$ 4.40
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 9.30

Postmark
Here

Vietta M and William T Banning
21067 Wilson Road
Georgetown, DE 19947
IR

Sent To
Street, Apt. N
or PO Box N
City, State, Z

PS Form 380

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Vietta M and William T Banning
21067 Wilson Road
Georgetown, DE 19947
IR

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Vietta M Banning* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

VIETTA M. BANNING 6/3/08 ☒ Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0810 0002 3743 0948

Domestic Return Receipt

102595-02-M-1540

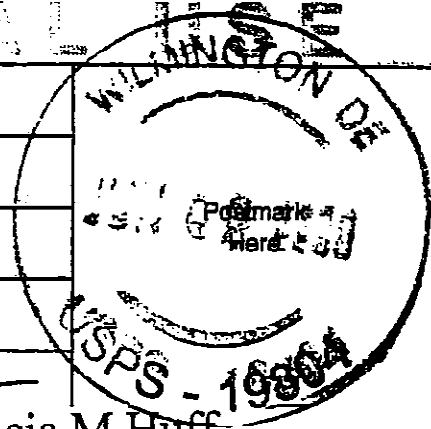
7006 0810 0002 3743 0979

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.32



Sent To
Street, Apt. 1
or PO Box #
City, State, ZIP

Steven J and Patricia M Huff
18906 Sand Hill Road
Georgetown, DE 19947
IR

PS Form 3811

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Steven J and Patricia M Huff
18906 Sand Hill Road
Georgetown, DE 19947
IR

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Steven Huff* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *Steven Huff* C. Date of Delivery *6-5-04*

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 0979

U.S. Postal ServiceTM

CERTIFIED MAILTM RECEIPT

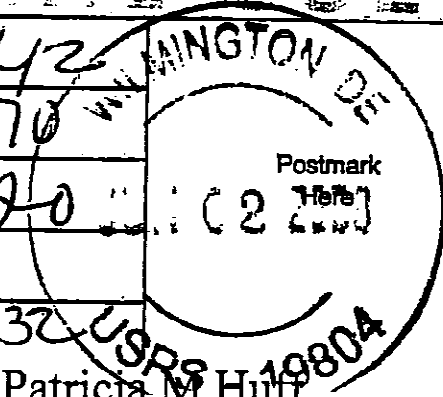
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7006 0810 0002 3743 0962

Postage	\$ 4.20
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 9.10



Sent To: Steven J and Patricia M Huff
 Street, Apt. No. or PO Box No: 18906 Sand Hill Road
 City, State, Zip: Georgetown, DE 19947 IR

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Steven J and Patricia M Huff
 18906 Sand Hill Road
 Georgetown, DE 19947
 IR

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Steven Huff*

☐ Agent

☒ Addressee

B. Received by (Printed Name)

Steven Huff

C. Date of Delivery

6-5-08

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0810 0002 3743 0962

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	42
Certified Fee		270
Return Receipt Fee (Endorsement Required)		220
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	532

02 2008
19804

Sent To
Street, Apt. No.
or PO Box No.
City, State, ZIP

Steven J and Patricia M Huff
18906 Sand Hill Road
Georgetown, DE 19947
IR

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Steven J and Patricia M Huff
18906 Sand Hill Road
Georgetown, DE 19947
IR

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Signature*

☐ Agent
☒ Addressee

B. Received by (Printed Name)

STEVE HUFF

C. Date of Delivery

6-5-08

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0810 0002 3743 0955

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

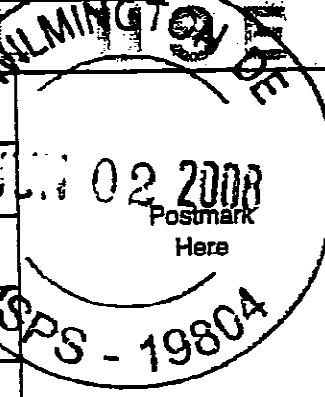
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

9860 443E 2000 0780 9002

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage

4.92
2.70
2.20
5.32



Donald Biller

Sent To
Street, Apt. No.
or PO Box No.
City, State, ZIP

19238 Shingle Point Road
Georgetown, DE 19947
IR

PS Form 3800,

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Donald Biller
19238 Shingle Point Road
Georgetown, DE 19947
IR

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Don Biller

☐ Agent

☒ Addressee

B. Received by (Printed Name)

Don Biller

C. Date of Delivery

6/10/08

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

Don Bil

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0810 0002 3743 0986

Domestic Return Receipt

102595-02-M-1540

7006 0810 0002 3743 0993

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 532

JUL 02 2008
Postmark
Here
USPS - 1980A

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+

Besche Furniture, Inc
24451 Lewes Georgetown HW
Georgetown, DE 19947
IR

PS Form 3800, J

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Besche Furniture, Inc
24451 Lewes Georgetown HW
Georgetown, DE 19947
IR

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *McBee*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

MIKE BESCHE

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ Express Mail

☒ Return Receipt for Merchandise

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0810 0002 3743 0993

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	532
Total Postage	1064

Postmark
 JUN 2 2008
 WILMINGTON DE
 USPS - 19804

Sent To: Kim J Ksebe
 19028 Gravel Hill Road
 Georgetown, DE 19947
 IR

PS Form 3800

ETOT 1013 3743 2000 0810 0002

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kim J Ksebe
 19028 Gravel Hill Road
 Georgetown, DE 19947
 IR

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Kim Ksebe

B. Received by (Printed Name)

C. Date of Delivery
 6-3-08

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 1013

Domestic Return Receipt

102595-02-M-1540

7006 0810 0002 3743 1020

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 412	JUL 02 2003
Certified Fee	270	
Return Receipt Fee (Endorsement Required)	220	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 532	

Silver Oaks Trailer Park LLC
34822 Boathouse Lane
Lewes, DE 19958
IR

Sent To
Street, Apt. No.
or PO Box No.
City, State, ZIP

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Silver Oaks Trailer Park LLC
34822 Boathouse Lane
Lewes, DE 19958
IR

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0810 0002 3743 1020

Domestic Return Receipt

102595-02-M-1540

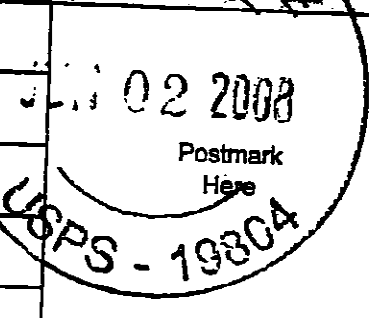
7006 0810 0002 3743 1037

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage	\$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 532



Sent To
Richard M Quill
P O Box 324
Lewes, DE 19958
IR

PS Form 3811

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Richard M Quill
P O Box 324
Lewes, DE 19958
IR

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
Marge Allen
B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7006 0810 0002 3743 1037

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0810 0002 3743 1044

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	200
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 532

Postmark Here
JUN 02 2008
SPS - 19804

Sent To: Mary Hazel Stoeckel
23725 McDonald Drive
Georgetown, DE 19947
IR

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mary Hazel Stoeckel
23725 McDonald Drive
Georgetown, DE 19947
IR

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

William Corprey ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

WILLIAM CORPREY 6-6-08

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0810 0002 3743 1044

Domestic Return Receipt

102595-02-M-1540

7006 0810 0002 3743 1051

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 532

Postmark
Here

Sent To
Street, Apt. No.
or PO Box No.
City, State, Zip

Laurel M Hughes
P O Box 97
Georgetown, DE 19947
IR

PS Form 380

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Laurel M Hughes
P O Box 97
Georgetown, DE 19947
IR

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Laurel M. Hughes*

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Laurel M. Hughes

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Yes
☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0810 0002 3743 1051

Domestic Return Receipt

102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT

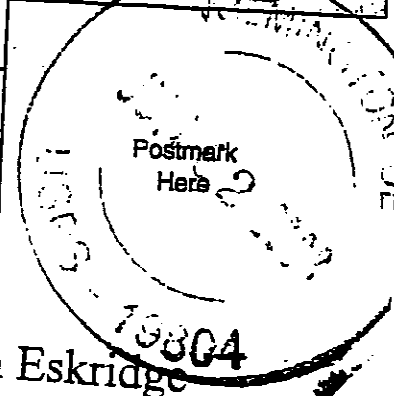
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7006 0810 0002 3743 1068

Postage	\$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage	532



Sent To
 Street, Apt. No.
 or PO Box No.
 City, State, ZIP

Mindy B and Shawn Eskridge
 23751 Briarwood Lane
 Georgetown, DE 19947
 IR

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mindy B and Shawn Eskridge
 23751 Briarwood Lane
 Georgetown, DE 19947
 IR

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 Mindy Eskridge 6/16/08
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 1068

PS Form 3811, February 2004

Domestic Return Receipt

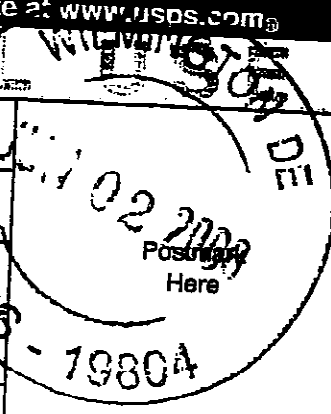
102595-02-M-1540

7006 0810 0002 3743 1099

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage	\$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 532



Sent To
Alvannah R Davis
8836 Greentop Road
Lincoln, DE 19960
City, State, ZIP+ IR

PS Form 3800,

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Alvannah R Davis
8836 Greentop Road
Lincoln, DE 19960
IR

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
A. Davis

C. Date of Delivery
6/3/09

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 1099

Domestic Return Receipt

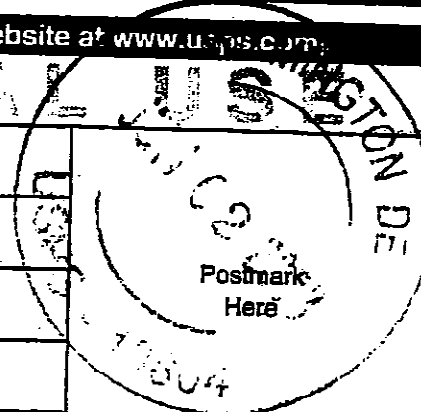
102595-02-M-1540

7006 0810 0002 3743 1105

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage \$
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)
 Total Postage & Fees \$



Sent To
 Street, Apt. N
 or PO Box N
 City, State, Z

John L, Sr, Richard, Priscilla,
 Melinda and Caroline Green
 11522 Shawnee Road
 Greenwood, DE 19950

IR

PS Form 380

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John L, Sr, Richard, Priscilla,
 Melinda and Caroline Green
 11522 Shawnee Road
 Greenwood, DE 19950
 IR

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Marian E. Shee

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
 6-3-08

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0810 0002 3743 1105

U.S. Postal Service™

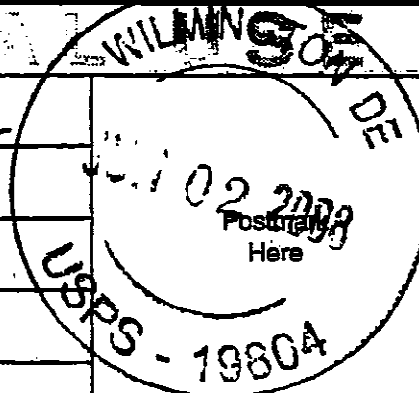
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL MAIL

Postage	\$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 532



Sent To **E Dale and Douglas R Wheatley**
 19115 Freeland Lane
 Bridgeville, DE 19933
 IR

PS Form 3800

7006 0810 0002 3743 1112

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

E Dale and Douglas R Wheatley
 19115 Freeland Lane
 Bridgeville, DE 19933
 IR

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *[Signature]* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) **[Signature]** C. Date of Delivery **2-10-04**
 D. Is delivery address different from item 1? ☒ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 1112

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 532

Sent To: Donald G D'Aquila
 Street, Apt. No. or PO Box No. P O Box 442
 City, State, ZIP+4® IR Laurel, DE 19956

PS Form 3800, Jan 02 2005

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Donald G D'Aquila
 P O Box 442
 Laurel, DE 19956
 IR

2. Article Number
 (Transfer from service label)

7006 0810 0002 3743 1136

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Donald G D'Aquila* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

Donald G D'Aquila

C. Date of Delivery

Jan 10 2005

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

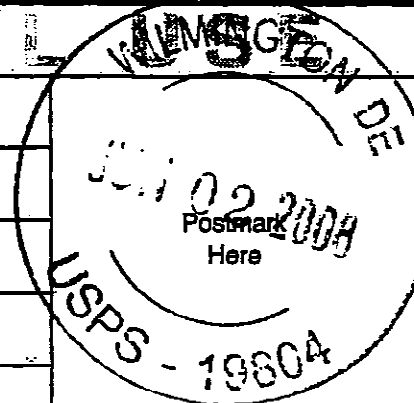
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

7006 0810 0002 3743 1129

OFFICIAL	
Postage	\$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage	\$ 532
Donald G D'Aquila	
P O Box 442	
Laurel, DE 19956	
IR	

PS Form 3800



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Donald G D'Aquila
P O Box 442
Laurel, DE 19956
IR

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Donald G D'Aquila* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

Donald G D'Aquila

C. Date of Delivery

JUN 3 2004 ☒ Yes ☐ No

D. Is delivery address different from item 1?

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0810 0002 3743 1129

Domestic Return Receipt

102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

7006 0810 0002 3743 1150

Postage \$ 42
 Certified Fee 270
 Return Receipt Fee (Endorsement Required) 220
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 532

Postmark Here JUN 02 2008 - 19804

Sent To RLW Morris Family LP
 Street, Apt. No. or PO Box No RR 2 Box 387A
 City, State, Zip Milton, DE 19968
 PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RLW Morris Family LP
 RR 2 Box 387A
 Milton, DE 19968
 IR

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
 X *Phil B...* ☐ Addressee
- B. Received by (Printed Name) *Phil B...* C. Date of Delivery 6-3-08
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 1150

Domestic Return Receipt

102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ 4.12
Certified Fee 2.70
Return Receipt Fee
(Endorsement Required) 2.25
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$ 5.32

02 2004

Postmark
Here

6 - 1980A

Sent To
Etta Ritter
20508 Beaver Dam Road
Harbeson, DE 19951
City, State, ZIP+4[®] IR

PS Form 3800, 1-03

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Etta Ritter
20508 Beaver Dam Road
Harbeson, DE 19951
IR

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Howard Ritter

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Howard Ritter

C. Date of Delivery

6-4-08

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0810 0002 3743 1181

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0810 0002 3743 1204

U.S. Postal ServiceTM
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(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our web site at www.usps.com

OFFICIAL USE

Postage	\$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage	532



Sent To
Howard L and Jacquelyn Ritter
20478 Beaver Dam Road
Harbeson, DE 19951
IR

Street, Apt. No.
or PO Box No.
City, State, Zip

PS Form 3830

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Howard L and Jacquelyn Ritter
20478 Beaver Dam Road
Harbeson, DE 19951
IR

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
x *Howard Ritter* ☐ Agent ☐ Addressee
- B. Received by (Printed Name)
Howard Ritter
- C. Date of Delivery
6-4-08
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 1204

Domestic Return Receipt

102595-02-M-1540

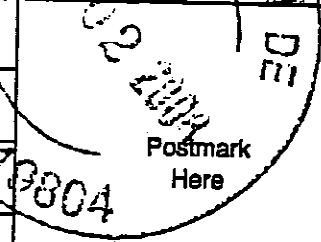
7006 0810 0002 3743 1211

U.S. Postal ServiceTM
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 4.85
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.25



Sent To
Howard L Ritter
20478 Beaver Dam Road
Harbeson, DE 19951
IR

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Howard L Ritter
20478 Beaver Dam Road
Harbeson, DE 19951
IR

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Howard Ritter ☐ Agent
☐ Addressee
B. Received by (Printed Name)
Howard Ritter
C. Date of Delivery
6-4-08
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 1211

Domestic Return Receipt

102595-02-M-1540

7006 0810 0002 3743 1167

U.S. Postal ServiceTM
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Postage	\$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 532

02 2004
Postmark
Here
79804

Sent To Etta Ritter
20508 Beaver Dam Road
Harbeson, DE 19951
City, State, & ZIP+4[®] IR

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Etta Ritter
20508 Beaver Dam Road
Harbeson, DE 19951
IR

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Howard Ritter ☐ Agent
☐ Addressee
B. Received by (Printed Name)
Howard Ritter
C. Date of Delivery
6-4-08
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 1167
Domestic Return Receipt
102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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 For delivery information visit our website at www.usps.com

7006 0810 0002 3743 1198

Postage	\$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 532

Postmark Here
 JUN 02 2004
 USPS - 19804

Sent To
 Etta Ritter
 20508 Beaver Dam Road
 Harbeson, DE 19951
 IR

PS Form 3800, 7006 0810 0002 3743 1198

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>Howard Ritter</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Etta Ritter 20508 Beaver Dam Road Harbeson, DE 19951 IR</p>		<p>B. Received by (Printed Name) <i>Howard Ritter</i></p> <p>C. Date of Delivery <i>6-4-08</i></p>	
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>7006 0810 0002 3743 1198</p> <p>Domestic Return Receipt</p> <p>102595-02-M-1540</p>	

U.S. Postal ServiceTM
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OFFICIAL USE

Postage	\$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 532

Sent To: Etta Ritter
 Street, Apt. No. or PO Box No. 20508 Beaver Dam Road
 City, State, ZIP+4[®] Harbeson, DE 19951
 IR

PS Form 3800, June 2003

7006 0810 0002 3743 1174

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Etta Ritter
 20508 Beaver Dam Road
 Harbeson, DE 19951
 IR

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Howard Ritter ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Howard Ritter

C. Date of Delivery
 6-4-06

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 1174

Domestic Return Receipt 102595-02-M-1540

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Track & Confirm

Search Results

Label/Receipt Number: 7006 0810 0002 3743 1228

Detailed Results:

- Delivered, June 04, 2008, 10:58 am, LEWES, DE 19958
- Notice Left, June 03, 2008, 10:21 am, LEWES, DE 19958
- Acceptance, June 02, 2008, 12:43 pm, WILMINGTON, DE 19804

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Track & Confirm

Enter Label/Receipt Number.

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email.

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U.S. Postal Service™

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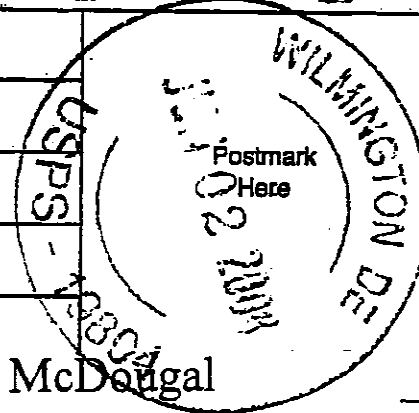
For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To	Donald and Mary McDougal
Street, Apt. or PO Box	20180 Beaver Dam Road
City, State, ZIP	Lewes, DE 19958

PS Form 38



U.S. Postal Service™

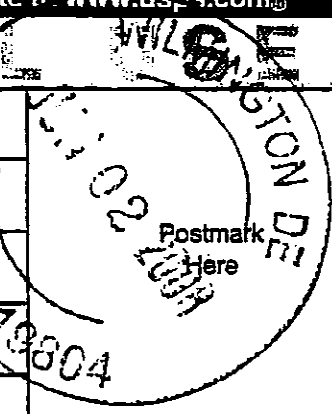
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

7006 0810 0002 3743 1235

Postage	\$ 4.20
Certified Fee	27.00
Return Receipt Fee (Endorsement Required)	22.00
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 53.20



Sent To: N3OLY LLC
P O Box 67
Lewes, DE 19958
City, State, ZIP IR

PS Form 3800

SENDER: COMPLETE THIS SECTION


- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

N3OLY LLC
P O Box 67
Lewes, DE 19958
IR

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 1235

PS Form 3811, February 2004

Domestic Return Receipt

102595-02

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

Postmark Here

Postage \$ 4.00
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required) 7.98
 Total Postage & Fees \$ 53.2

Sent To John P and Sandra Lea Rossiter
2812 Washington Ave
Wilmington, DE 19805
IR

PS Form 380

7006 0810 0002 3743 1242

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John P and Sandra Lea Rossiter
 2812 Washington Ave
 Wilmington, DE 19805
 IR

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Matthew J Schmitt ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Matthew J Schmitt C. Date of Delivery JUN 2 2004
- D. Is delivery address different from item 1? ☒ Yes
 If YES, enter delivery address below: WASHINGTON DE 19805

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 1242

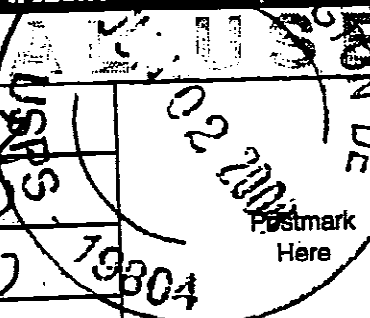
Domestic Return Receipt

102595-02-M-1540

7006 0810 0002 3743 1273

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage	\$ 4.21	
Certified Fee	2.70	
Return Receipt Fee (Endorsement Required)	2.20	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.32	
Sent To Lisa A Soens 852 Quince Orchard Blvd #101 Gaithersburg, MD 20878 IR		

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lisa A Soens
 852 Quince Orchard Blvd #101
 Gaithersburg, MD 20878
 IR

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☐ Agent ☒ Addressee

B. Received by (Printed Name) Anna C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type 20878
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 1273

Domestic Return Receipt

102595-02-M-1540

652T E4LE 2000 0780 9002

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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 For delivery information visit our website at www.usps.com

OFFICIAL

Postage	\$ 42.38
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	532

Postmark Here

Sent To: Lisa A Soens
 852 Quince Orchard Blvd #101
 Gaithersburg, MD 20878
 IR

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lisa A Soens
 852 Quince Orchard Blvd #101
 Gaithersburg, MD 20878
 IR

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X *[Signature]*

B. Received by (Printed Name) *Anna M. [Signature]* C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 1259

U.S. Postal ServiceTM
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 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

7006 0810 0002 3743 1280

Postage	\$ 4.25
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.32

Sent To: Lisa A Soens
 852 Quince Orchard Blvd #101
 Gaithersburg, MD 20878
 IR

Postmark Here

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lisa A Soens
 852 Quince Orchard Blvd #101
 Gaithersburg, MD 20878
 IR

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☐ Agent ☒ Addressee
- B. Received by (Printed Name) *Anna M. [Signature]* C. Date of Delivery *3/11/06*
- D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below.

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 1280

7921 442 2000 0780 9001

U.S. Postal Service™
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 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL U.S. MAIL

Postage	\$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.32

Postmark Here
 19804

Sent To: Lisa A Soens
 852 Quince Orchard Blvd #101
 Gaithersburg, MD 20878
 IR

PS Form 3800, J

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lisa A Soens
 852 Quince Orchard Blvd #101
 Gaithersburg, MD 20878
 IR

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Print Name) *Anna M. Mato* C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

JUN 06 2008

20878

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 1266

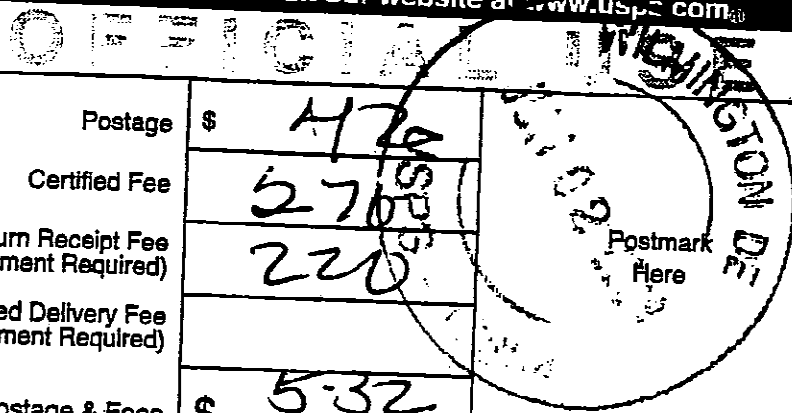
Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com



Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Street, Apt. No.
or PO Box No.

City, State, Zip

PS Form 3800

Shawn A Bodio and Irene C Viola
18334 Seashell Blvd
Lewes, DE 19958
IR

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Shawn A Bodio and Irene C Viola
18334 Seashell Blvd
Lewes, DE 19958
IR

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0810 0002 3743 1297

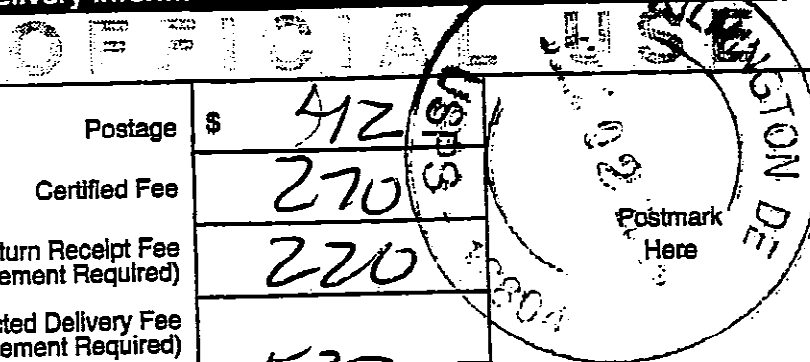
Domestic Return Receipt

102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT

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Postage \$ 412
Certified Fee 270
Return Receipt Fee (Endorsement Required) 220
Restricted Delivery Fee (Endorsement Required) 532
Total Postage 1434

Sent To June W Hurst
354 Greens Edge Dr
Chesapeake, VA 23322
IR

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

June W Hurst
354 Greens Edge Dr
Chesapeake, VA 23322
IR

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0810 0002 3743 1303

Domestic Return Receipt

102595-02-M-1540

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OFFICIAL USE

Postage	\$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage	\$ 532

Postmark Here

GRJS Outreach LLC
 P O Box 212
 Lewes, DE 19958
 IR

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GRJS Outreach LLC
 P O Box 212
 Lewes, DE 19958
 IR

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Kathy Lurchak* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 KATHY GURSCHEK ☐ Date of Delivery

C. Date of Delivery
 JUN 03 2008

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 1327

Domestic Return Receipt

102595-02-M-1540

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OFFICIAL U.S. MAIL

Postage	\$ 42.50
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 532

Postmark Here
 DELEWES 02 2008

Sent To
 GRJS Outreach LLC
 P O Box 212
 Lewes, DE 19958
 IR

PS Form 3811

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GRJS Outreach LLC
 P O Box 212
 Lewes, DE 19958
 IR

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Kathy Gursch ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 KATHY GURSCHK

C. Date of Delivery
 FEB 3 2008

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 1310

Domestic Return Receipt

102595-02-M-1540

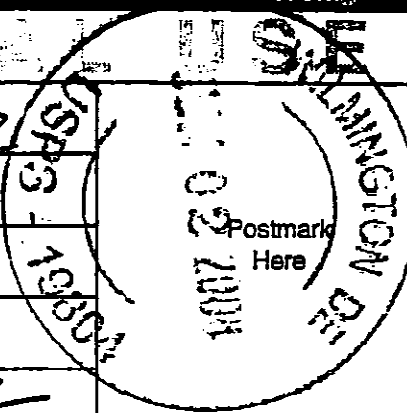
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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For delivery information visit our website at www.usps.com

Postage \$ 42
Certified Fee 270
Return Receipt Fee
(Endorsement Required) 220
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$ 532

Sent To Sarah McGee
20362 Thicket Rd
Milton, DE 19968
IR

PS Form 3800



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sarah McGee
20362 Thicket Rd
Milton, DE 19968
IR

2. Article Number:
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Sarah McGee

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Sarah McGee

C. Date of Delivery

6/07/08

D. Is delivery address different from item 1?
If YES, enter delivery address below:

☐ Yes
☒ No

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ Express Mail

☒ Return Receipt for Merchandise

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0810 0002 3743 1334

Domestic Return Receipt

102595-02-M-1540

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Track & Confirm

Search Results

Label/Receipt Number: 7006 0810 0002 3743 1358

Detailed Results:

- Unclaimed, June 19, 2008, 5:08 pm, GEORGETOWN, DE
- Notice Left, June 04, 2008, 12:07 pm, GEORGETOWN, DE 19947
- Acceptance, June 02, 2008, 12:43 pm, WILMINGTON, DE 19804

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OFFICIAL USE	
Postage	\$ 4.00
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.90
Sent To: Lauren Meredith Huff	
604 Wagamon Ave Ext	
Georgetown, DE 19947	
City, State, ZIP	
PS Form 380	

WILMINGTON, DE
JUN 02 2008
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Track & Confirm

Search Results

Label/Receipt Number: 7006 0810 0002 3743 1341
Detailed Results:

- Notice Left, June 03, 2008, 11:41 am, GEORGETOWN, DE 19947
- Acceptance, June 02, 2008, 12:43 pm, WILMINGTON, DE 19804

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Department of the Interior

United States Postal Service
Department of the Interior

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OFFICIAL U.S. MAIL	
Postage	\$ 4.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage	\$ 9.32
Sent To	Lindsay Marie Huff
Street, Apt. No. or PO Box No.	604 Wagamon Ave Ext
City, State, Zip	Georgetown, DE 19947
PS Form 3800, 11-01-07	

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OFFICIAL USE

Postage \$ 47
 Certified Fee 270
 Return Receipt Fee (Endorsement Required) 280
 Restricted Delivery Fee (Endorsement Required) 532
 Total Postage & Fees \$ 1029

Sent To Cool Spring Equities LLC
P O Box 212
Lewes, DE 19958
IR

Street, Apt. No. or PO Box No.
 City, State, ZIP

PS Form 3800

2041 442E 2000 0190 7002

Postmark Here

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <u>Kathy Gurschick</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>KATHY GURSCHICK</u> C. Date of Delivery <u>JUN 03 2008</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below</p>	
<p>1. Article Addressed to:</p> <p><u>Cool Spring Equities LLC</u> <u>P O Box 212</u> <u>Lewes, DE 19958</u> <u>IR</u></p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	

7006 0810 0002 3743 1402

102595-02-M-1540